N1900000 1064

(Re	equestor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	<u>-</u>
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02/25/20--01016--002 **43.75



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MAR 1 6 2020

COVER LETTER

TO: Amendment Section Division of Corporations

FILING CANCELLED DUE TO RETURNED CHECK

NAME OF CORPORATION	I Am My Daughter's	Keeper Inc.			
	N19000001064				
DOCUMENT NUMBER:					
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.			
Please return all corresponde	ence concerning this matte	er to the following:			
Sommer Davis					
	· · ·	(Name of Contact Per	rson)		
		(Firm/ Company)			
0510 5 . 7.1					
8519 Franjo Rd.					
		(Address)			
Cutler Bay, FL 33189					
	·	(City/ State and Zip C	Code)		
sommersynergy@gmail.co	m				
I	E-mail address: (to be used	d for future annual repo	ort notification	n)	
For further information con-	cerning this matter, please	e call:			
Sommer Davis		at	305	842-4678	
	(Name of Contact Persor		(Area Code)	(Daytime Telephone	: Number)
Enclosed is a check for the	following amount made p	ayable to the Florida D	Department of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing	A deleges	St.	est Address		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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I Am My Daughter's Keeper Inc.		
Name of Corporation as currently filed with the Florida De	pt. of State)	
N19000001064		
(Document Number	r of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporation of the word "corporation of the mane".	on" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		20 F
		- 6
-		
C. Fatarana mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
-		
D. If amending the registered agent and/or registered offic	e address in Florida	enter the name of the
new registered agent and/or the new registered office ac	idress:	<u> </u>
Name of New Registered Agent:		
		the state of the s
New Registered Office Address:	TFIC	orida street address)
		F1 11
	(City)	, Florida (Zip Code)
	(City)	(Dy Code)
New Registered Agent's Signature, if changing Registered	Agent:	al alle de Cal de State
I hereby accept the appointment as registered agent. I am fan	niliar with and accept	the obligations of the position.
	and the of Man Daries	ered Avent if chanving
ΔB	σησιμέν οι ίνειν κέθις[/	егеа муст. и спануту

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example:	D/T		
X Change X Remove	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones	FILING CANCELLED
X Add	$\frac{\dot{\overline{S}V}}{\underline{S}V}$	Sally Smith	DUE TO RETURNED CHECK
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change Add	D	Sommer Dav	8519 Franjo Rd. Cutler Bay, FL 33189
X Remove			
2) Change Add	<u> </u>		
Remove 3) Remove Add Remove			20
4) Change Add	un .	<u> </u>	7. 25
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter chaessary). (Be specific)	
	·		
		-	

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(no more than 90 days after amendment file date)

_, if other than the

Adoption of Amendment(s)

date this document was signed.

Effective date if applicable:

The date of each amendment(s) adoption:

2/10/2020

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	Dated	02/13/2020
	Signature	Sommer Davis
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		Sommer Davis
		(Typed or printed name of person signing)
		Director
		(Title of person signing)

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